NETWORK Together We Are One RECEIVED FEC MAIL CENTER 2018 APR 17 AH II: 48

Contact BW Jeffery

Telephone (315) 664:0929

Email contact@indivisblenetwork.org

Website indivisblenetwork.org

This committee intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

### **Indivisible Network PAC**

3025 W. Christoffersen Pkwy. #E208, Turlock, CA 95382 (315) 664-0929

Brian W. Jeffery Sr. - Treasure

# 2018 : 04 : 17 : 0M: 002060M9

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2018 APR 17 AM 11: 48

1. NAME OF COMMITTEE (in full)	(Check if nar is changed)	ne Example If typi over the lines.	ng, type 12FE4M5	energy Harach
Indivisible Network	PAC -	<u> </u>		
1 1 1 1 1 1 1 1 1 1				
ADDRESS (number and street)	<sub> </sub> 3025 W. Chris	stoffersen Pkwy		
ADDRESS (number and street)  (Check if address	E208			1,,,,,,,,,
is changed)	Turlock		CA   STATE ▲	95382   -
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	contact@in	divisiblenetwork.	org	
io Grangos,	Optional Second E-N	fail Address		
	L.,			
COMMITTEE'S WEB PAGE AD  (Check if address is changed)	indivisiblenetv	vork.org		
2. DATE 03 1	2018			
3. FEC IDENTIFICATION N	UMBER •	C 824842215	n digitali San San	
4. IS THIS STATEMENT	NEW (N)	OR AMEN	NDED (A)	
I certify that I have examined t	his Statement and to the	e best of my knowledge	and belief it is true, correct	and complete.
Type or Print Name of Treasure	er Brian W Jeffe	ery _		
Signature of Treasurer	Butul	Jeffen	Date 03	15 2018
NOTE: Submission of false, error			rson signing this Statement to REPORTED WITHIN 10 DAYS	the penalties of 52 U.S.C. §30109
Office Use			Information contact: ction Commission	FEC FORM 1 (Revised 06/2012)

5.

FEC F	form 1 (Revised 02/2009)	Page Z
	COMMITTEE	
Candidat	te Committee:	
(8)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	te the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c) ;	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	
(d) .	· · · · · · · · · · · · · · · · · · ·	emocratic, publican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a
	Corporation Corporation w/o Capital Stock L	abor Organization
	Membership Organization Trade Association C	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(U) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	ndraising Representative:	
(g) -	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number C	
4.		

FEC Form 1 (Revised 0	)2/2009)	Page 3
Write or Type Committee Name		
6. Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
<u> </u>		
		111111
. Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in	possession of committee
Brian V	W Jeffery	111111
Mailing Address	3025 W. Christoffersen Pkwy E208	
	Turlock CA 95	382
Title or Position	CITY STATE	ZIP CODE
National Co-Chai	r Telephone number	<u> </u>
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Brian V	V Jeffery	<u> </u>
Mailing Address	3025 W. Christoffersen Pkwy E208	
	Turlock CA 95:	382   -   III
Title or Position Treasure	Telephone number	211 GODE

1.20101	m 1 (Revised	0 2 /2009)													Page	4
Full Name of Designated Agent						1 1	1 1	L., I.,	LI	1 1			1 1			1 1
Mailing Address					لللل			L. L.	1_1	11		1	11		1	
	!					1 1		<u>L_J</u>		1 1			<u> </u>	11	11	
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			_	CITY	·				_	STATE	-		Z	IP C	DDE	
Title or Position		1	111	1 1			Telep	hone	num	ber	L		- [	لــــــــــــــــــــــــــــــــــــــ		1 !
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safety deposit b	Oxes or maintand Depository, etc.	ains funds. c.	11	1. !	<u> </u>	in wh	ich th	L L	nmitte	ee dep			holds	accol	unts, re	nts
safety deposit b Name of Bank,	Oxes or maintand Depository, etc.	ains funds. c. ank	11	1. !	<u> </u>	in wh	ich th	L L	nmitte	ee dep	osiis ·	iunas,	holds	accol	unts, re	ents
safety deposit b Name of Bank,	Oxes or maintand Depository, etc.	ains funds. c. ank	11	1. !	<u> </u>	in wh	ich th	e cor	nmitte	ee dep			5380		unts, re	ents
safety deposit b Name of Bank,	Oxes or maintand Depository, etc.	ains funds. c. ank 427 Ea	11	1. !	<u> </u>	in wh	ich th	e cor	nmitte				5380			i
safety deposit b Name of Bank,	oxes or mainta Depository, et U.S. B	ains funds. c.  427 Ea	11	e Av	<u> </u>	in wh	ich th	e cor		LC/			5380			ents
safety deposit b Name of Bank, Mailing Address	oxes or mainta Depository, et U.S. B	ains funds. c.  427 Ea	11	e Av	<u> </u>	in wh	ich th	e cor		LC/			5380			ents
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safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, et	ains funds. c.  427 Ea	11	e Av	<u> </u>	in wh		e cor		LC/			5380		ODE	ents

# 2018 · 04 · 17 · 08 · 00206045

FEC Form 1\$ (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Page	of	

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:	
	1.		FEC ID number C
	2.		FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number , C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative, or Leadership PAC Sponsor
	1		
	Mailing Address		
	, and the second		
			<u> </u>
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	1 Organization Affiliated Committee Joint	Fundraising Representative Leadership PAC Sponsor
		······································	
8.	Designated Agent: Identify	by name, address (phone number - optional)	
8.	Designated Agent: Identify  Full Name	by name, address (phone number optional)	
8.		by name, address (phone number optional)	
8.	Full Name	by name, address (phone number optional)	
8.	Full Name	by name, address (phone number optional)	
8.	Full Name Lili	CITY	STATE A ZIP CODE A
8.	Full Name Mailing Address  TITLE OR POSITION	CITY A	STATE A ZIP CODE A
8.	Full Name Mailing Address  TITLE OR POSITION	CITY A	
<b>8</b> . <b>9</b> .	Full Name Mailing Address  TITLE OR POSITION	CITY ▲  Te  ries: List all banks or other depositories in which the	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositorsafety deposit boxes or maintains.	CITY ▲  Te  ries: List all banks or other depositories in which the	lephone Number
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor	CITY ▲  Te  ries: List all banks or other depositories in which the	lephone Number
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositorsafety deposit boxes or mail  Name of Bank,	CITY ▲  Te  ries: List all banks or other depositories in which the	lephone Number
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail to the propository, etc.	CITY ▲  Te  ries: List all banks or other depositories in which the	lephone Number
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail to the propository, etc.	CITY ▲  Te  ries: List all banks or other depositories in which the	the committee deposits funds, holds accounts, rents



Express

Federal Election Commission  ENVELOPE REPLACEMENT PAGE FOR INCOMING DO  The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): FEO-EX  Next Business I	Shipping Date  4/16/2018  Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
nf PREPARER	4/17/2018 DATE PREPARED
(3/2015)	